



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

## SOCIAL SERVICES

6 Harrington Road  
Cranston, RI 02920-3080

TEL: (401) 462-3421

FAX: (401) 462-2558

NAME OF PERSON: \*\*\*\*\*

SOCIAL SECURITY NUMBER: \*\*\*\*\*

CASE MANAGEMENT AGENCY/DDO: AccessPoint RI

Please check the appropriate line:

\_\_\_\_\_ NEW PLAN AND TIER SERVICE PACKAGE

\_\_\_\_\_ ANNUAL PLAN RENEWAL WITHIN EXISTING TIER SERVICE PACKAGE  
**\*\*NO CHANGES TO SERVICE PACKAGE\*\***

\_\_\_\_\_ TRANSFER OF AGENCY/DDO

Program Type:

_____ Residential	From: _____	To: _____
_____ Day	From: _____	To: _____
_____ Community	From: _____	To: _____

Requested effective date of transfer \_\_\_\_\_

\_\_\_\_\_ CHANGE IN TIER SERVICE PACKAGE SUPPORTED BY A SIS

**\*\*Tier Service Package changes not supported by a SIS will not be accepted.\*\***

\_\_\_\_\_ **EMERGENCY SITUATION** — Received approval from the Director/Administrator at BHDDH

Name of BHDDH Administrator \_\_\_\_\_ Date: \_\_\_\_\_

Date Sent to Dept: \_\_\_\_\_

Date Received by Dept: \_\_\_\_\_

## Individualized Service Plan

Name: John Participant

Date Plan Written:

Social Security Number: \*\*\*\*\*

Date Of Birth: \*\*\*\*\*

Shared Living Arrangement Contractor (If Applicable): \_\_\_\_\_

Legal Guardian Name (If Applicable): \*\*\*\*\*

Address: \*\*\*\*\*

Residential Status: (circle one) Residential Supports, Shared Living, Living with Family, Independent Community Living

Agency/DDO #1: AccessPoint RI

Agency/DDO #2: \_\_\_\_\_

Agency/DDO #3: \_\_\_\_\_

Requested Start Date: \_\_\_\_\_ Anniversary Date: \_\_\_\_\_  
(Addendum 1-ISP Attendance Sheet must be completed)

The Individualized Service Plan describes specific supports and services authorized by the Department for a person with developmental disabilities in such areas as vocational, social, medical, and supportive living, and includes deliverable long term goals and objectives responsive to the individual needs of the Participant. This document shall be reviewed and revised annually and shall describe in detail the specific, clinically appropriate and individualized services authorized and funded by the Department to be provided by the Agency/DDO to the Participant, or which shall be directed by the Participant through a fiscal intermediary.

1. **Participant's Goals:** Please describe what you want to happen in the next year and list the things that are the MOST important to you. (Addendum 2- Summary of ISP Goals must be completed for each Agency/DDO)

Agency/DDO #1 Goals:

**Goal #1 Employment:** John will become employed full time in an integrated community setting within the food service sector earning at least minimum wage.

### ***Plan to Accomplish the Goal:***

- John will complete culinary arts training within the next 6 months learning the basic skills for employability within a community restaurant setting.

- John will practice being able to complete 3 tasks with no prompts, to increase his speed –and will work to increase the number of tasks he can complete with no prompts to five.
- John will complete soft skills work readiness training within the next 4 months, focusing on improving his understanding of respecting people’s space and boundaries and his ability to follow directions with minimal supervision.
- John will work with his support team to develop a resume reflecting his skills and assets and vocational training.
- In the next five months, John will sign up for and complete a computer course offered through community adult education to enhance his marketability within the community. Specifically he will learn basic Microsoft Word skills.

**Goal #2 Socialization (Social Skills):** John will develop the socialization and community safety skills required to live and work within the community.

***Plan to Accomplish the Goal:***

- John will participate in integrated community based recreational activities at least three times monthly where the focus is to increase his ability to interact with others in positive and non-disruptive ways.
- John will develop the skills to ask for support when needed.
- John will sign up to provide support at the Special Olympics—further developing his skills in following directions and working collaboratively with others.
- John will work with his team weekly to be able to cross the street safely without prompts.
- John will work with his team to improve his sensitivity to personal space and boundaries—improving his ability to be successful in the workplace.

**Goal #3 Natural Supports:** John is able to identify at least two individuals he can call if he needs help.

***Plan to Accomplish the Goal:***

- John will work with his team to improve how he manages boundaries –enabling him to establish a wider array of natural supports.
- John will identify at least three new activities over the next three months, where he can participate in integrated community events, meeting new people and practicing his socialization skills.

**2. Agency/DDO Responsibilities:** Please provide an overall description of the support that the Agency/DDO will provide based upon the units of service on the attached Purchase Order. (Addendum 3- Schedule of Services must be completed by each

Agency/DDO. Be sure to indentify who (ie DDO, Participant, Family, etc.) will be providing the transportation to and from day activities).

## **Agency/DDO #1 Responsibilities**

### **Employment**

- Within the next 60 days, AccessPoint RI will assist John in enrolling in a culinary arts vocational training program.
- AccessPoint Rhode Island will provide John with opportunities to practice completing three tasks with no prompts. Over time the number of tasks with no prompts will increase.
- AccessPoint RI will provide John with work readiness training –to develop the soft skills of following instructions, working in teams, dressing appropriately and improving his daily hygiene.
- AccessPoint RI will provide John with opportunities during the day to test his evolving culinary skills within the kitchen onsite.
- AccessPoint RI will work side by side with John to assist him in the completion of his resume.
- AccessPoint RI will assist John in selecting the companies to which he will send resumes.
- AccessPoint RI will work with John to schedule and complete job interviews within community settings.
- Once employed, AccessPoint RI will provide post placement supports to ensure success in the employment setting. Intensity and frequency to be determined.

### **Socialization/Natural Supports**

- AccessPoint RI will provide transportation to/from all community activities identified within John's ISP focused on enhancing his marketability by improving his socialization skills.
- On a weekly basis, AccessPoint RI will help John practice the skills required to safely navigate within the community—being in the community with John for several hours at a time.
- AccessPoint RI will provide weekly opportunities for John to engage in conversations with groups of people to practice his use of space and boundary setting.

### **3. Please describe the roles & responsibilities of the Participant/Family/Legal Guardian.**

**Agency/DDO #1 Roles and Responsibilities:**

Agency #1:

- John will work cooperatively with his coworkers and his day staff in order to participate successfully in work and community-based activities.
- John's family will actively support John in obtaining and maintaining community based employment by asking him to practice tasks—with no prompts.
- John's family will allow John to practice his evolving skills in culinary arts such as food preparation, meal planning and following the basic steps of recipes.
- John will develop the skills to ask for help when needed.

**4. Please provide documentation of the need for specialized health care, health maintenance services and the person or provider responsible for assuring that these services are provided. (Addendum 4-Diagnosis Form must be completed).**

**Agency/DDO #1 Responsibilities:**

- None at this time, AccessPoint RI would support any recommendations made by John's physician/team re: health care/ health care maintenance.

**5. Please document the need for additional evaluations or other services to be obtained and the person or provider responsible for assuring that these evaluations or services are obtained. (If the client has a Medical Plan or Behavior Plan please make note and attach)**

**Agency/DDO #1 Responsibilities:**

No behavioral / medical plan required

**6. Please describe the Participant's safety skills including the level of support necessary for the Participant to evacuate a building (when warned by a signal device), the Participant's ability to adjust water temperature and the amount of time a Participant can be without supervision before the missing notification protocol is implemented.**

- John responds appropriately to fire drills and independently exits the building. John knows how and when to dial 911. John can set the correct temperature for shower and spends a few hours alone (at home).
- John does not carry a cell phone – but would not be alone/unsupervised in the community.

**7. Document how each agency/DDO intends to routinely communicate with other providers, family members, Department social worker and the Participant to promote quality care and keep everyone informed of any changes or specific issues that may arise. (Attach copies of all current signed releases)**

**Agency/DDO #1 Communication plan:**

- AccessPoint RI will ensure regular communication with family re: John's progress, needs and skill development.
- AccessPoint RI will hold reviews every 6 months to determine if the plan is moving John toward goal achievement.
- Support/teams meetings as needed or requested by support staff and/or family.
- John /his family know how to contact DW SW (\*\*\*\*\*) as needed.

**8. Document how each agency/DDO intends to evaluate the Participant's progress towards meeting the ISP goals and objectives and the continued relevance of the ISP's objectives and strategies.**

**Agency/DDO #1** Attach Participant's progress data documentation sheet(s):  
Weekly activity sheet and SE progress note attached

**9. Document all reason(s) any preference of the Participant, legal representative and/ or family members cannot be honored.**

Participant preference: None at this time

Legal Representative preference: None at this time

Family Member preference: None at this time

**10. Document the development and availability of current natural supports including strategies to assist the Participant in establishing additional natural supports in the community.**

- John participates in all community activities with his family. John does interact with others in community settings – but seems to prefer spending non-work time with his family.

**11. Document who will manage Participant funds, describe the plan for the management of Participant funds and identify Legal Guardian, Financial Power of Attorney or Representative Payee if applicable. Please remember all plans must comply with all Federal & State statutes, rules & regulations including but not limited to those of the Social Security Administration.**

- John's parents/guardians are the representative payee and handle all of his monies/bills, etc.

**12. Document and justify any limitations to self-management of funds. Please send documentation of the review and approval by HRC and PRC (if applicable).**  
n/a

**13. Document all liberty restrictions. Include a behavioral plan to support restriction(s). Please send documentation of the review and approval by HRC and PRC (if applicable).**  
n/a

Both the "Agency/DDO" and "Participant" agree to comply with all regulatory requirements regarding the notice of termination of services and transitional planning.

I, "Participant", or my representative understand and agree with the following:

- If the RI Department of Human Services or Department of Behavioral Healthcare, Developmental Disabilities & Hospitals notifies me that as part of my Waiver eligibility and per Medicaid regulation I am required to contribute to the cost of my supports, I understand and agree to pay this amount to the Agency each month. I also agree to disclose to the "Agency/DDO" my earned and unearned income when requested.

I certify that I have participated in the development of this Interim Individualized Service Plan.

\_\_\_\_\_  
Participant and/or Legal Guardian

\_\_\_\_\_  
Date

I, \_\_\_\_\_, Executive Director of "Agency/DDO" or authorized representative understand and agree with the following:

- An "Agency/DDO" representative has met with the above named individual and family member(s) and has clearly described the supports specified in this ISP that the "Agency/DDO" will provide.
- The "Agency/DDO," upon request, will assist the "Participant" in maintaining his/her Medicaid/Waiver eligibility.

\_\_\_\_\_  
Agency/DDO #1 Executive Director/  
Authorized Representative

\_\_\_\_\_  
Date

I, \_\_\_\_\_, Executive Director of "Agency/DDO" or authorized representative understand and agree with the following:

- An "Agency/DDO" representative has met with the above named individual and family member(s) and has clearly described the supports specified in this ISP that the "Agency/DDO" will provide.
- The "Agency/DDO," upon request, will assist the "Participant" in maintaining his/her Medicaid/Waiver eligibility.

\_\_\_\_\_  
Agency/DDO #2 Executive Director/  
Authorized Representative

\_\_\_\_\_  
Date

I, \_\_\_\_\_, Executive Director of "Agency/DDO" or authorized representative understand and agree with the following:

- An “Agency/DDO” representative has met with the above named individual and family member(s) and has clearly described the supports specified in this ISP that the “Agency/DDO” will provide.
- The “Agency/DDO,” upon request, will assist the “Participant” in maintaining his/her Medicaid/Waiver eligibility.

\_\_\_\_\_  
Agency/DDO #3 Executive Director/  
Authorized Representative

\_\_\_\_\_  
Date

Please be advised, all participants must be notified that they have access to free legal support regarding issues relating to services. Supports can be access at the RI Disability Law Center (401) 831-3150.

Date Completed: \_\_\_\_\_

# Individualized Service Plan (ISP) Attendance Sheet

Addendum 1

## Participant's Information

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Anniversary Date:** \_\_\_\_\_

**Soc. Sec. No.:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

## Meeting Information

**Location:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Legal Guardian Name

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_  
Department Representative Name

\_\_\_\_\_  
Department Representative Signature

\_\_\_\_\_  
Agency/DDO Name #1

\_\_\_\_\_  
Agency/DDO Signature # 1

\_\_\_\_\_  
Agency/DDO Name #2

\_\_\_\_\_  
Agency/DDO Signature # 2

\_\_\_\_\_  
Agency/DDO Name #3

\_\_\_\_\_  
Agency/DDO Signature # 3

\_\_\_\_\_  
Name (Relationship to Participant)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Relationship to Participant)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Relationship to Participant)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Relationship to Participant)

\_\_\_\_\_  
Signature

# Schedule of Services

## Addendum 3

Name John Participant

Date of Birth \*\*\*\*\*

Social Security Number \*\*\*\*\*

Agency/DDO #1 AccessPoint RI

Agency/DDO #2

Agency/DDO #3

	<u><b>Monday</b></u>	<u><b>Tuesday</b></u>	<u><b>Wednesday</b></u>	<u><b>Thursday</b></u>	<u><b>Friday</b></u>	<u><b>Saturday</b></u>	<u><b>Sunday</b></u>
Mornings	8:00/8:30 – 9 transportation	8:00/8:30 – 9 transportation	8:00/8:30 – 9 transportation	8:00/8:30 – 9 transportation	8:00/8:30 – 9 transportation		
Day Hours	9:00 – 2:30 Day and community activities *	9:00 – 2:30 Day and community activities *	9:00 – 2:30 Day and community activities *	9:00 – 2:30 Day and community activities	9:00 – 2:30 Day and community activities		
Late Afternoon/ Evenings	2:30 – 3/3:30 transportation	2:30 – 3/3:30 transportation	2:30 – 3/3:30 transportation	2:30 – 3/3:30 transportation	2:30 – 3/3:30 transportation		
Overnights							

\* Computer training beginning 6/13, 9a-1pm

# Summary of ISP Goals / Outcomes

Addendum 2, Page 1 of 2

**Participant Name:** John Participant **Agency:** AccessPoint RI

**Prior Year Period:** \_\_\_\_\_ to \_\_\_\_\_

**Upcoming year Period:** 07/01/2013 to 07/01/2014

## Prior Years Goals

Type of Goal	Brief Description of Goal and Objective	Status of Goal		Outcome of Goal			Explanation of Outcome
		Continuing	Terminated	Fully	Partially	Not	
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social	<input type="checkbox"/> Attend Recreational program Participate in Special Olympics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employment	<input type="checkbox"/> Community employment and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

# Summary of ISP Goals / Outcomes

Addendum 2, Page 2 of 2

## Upcoming Years Goals

<b>Type of Goal</b> (Check all that Apply)	<b>Brief Description of Goal</b>	<b>Person(s) responsible to attain Goal</b>
Health	<input type="checkbox"/> Follow up on medical appointments, Medication management	John, parents, Nurse (as needed)
Safety	<input type="checkbox"/> adhere to safety practices and procedures in community (i.e street crossing, car safety) as well as on the job site	John, community staff
Social	<input type="checkbox"/> Attend recreation / Special Olympics	John, parents, Rec. Dir., Coach
Employment	<input type="checkbox"/> Obtain employment in preferred setting; food services, retail (*****)	John, SE staff, transportation staff
	<input type="checkbox"/> Continued participation in Community activities (volunteer and social)	John, Community Staff

\* Please add more pages if needed